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CLARK COUNTY
WASHINGTON

Clark County Regional Support Network Policy Statement

Policy No.:	**CM21**
Policy Title:	**Inpatient Services – Appeal of Denial**
Effective Date:	**September 1, 2001**

Policy: All voluntary psychiatric inpatient admissions for Clark County PHP covered beneficiaries must be authorized for reimbursement, data monitoring and outcomes needed by the PIHP and the State. The provider facility or assigned clinician makes their own determination regarding medical necessity and the need to treat the client if medically necessary. The provider then requests authorization for payment from the RSN (See Inpatient Services – Authorization). After reviewing the clinical documentation provided, the RSN will approve, deny or negotiate diversions with the mental health professional making the request for inpatient authorization. Requests to extend inpatient treatment beyond the initial authorization must be submitted 48 hours prior to the end of the initial authorization. RSN care managers will concurrently review all extension requests. All denial of inpatient authorization requests shall be made consistent with policy and procedure, utilizing sufficient documentation, involving the necessary parties, and ensuring accurate decision making. Appropriate notification will be given to the provider and consume to assist them in seeking further information and/or to appeal the decision. An expedited review and retrospective appeals process is available when disagreements occur about inpatient authorization. Decisions.

Reference: WAC 388-865, MAA numbered Memorandum 01-03, and any other applicable statutes or codes. Clark county PHP Policy & Procedures specifically but not limited to: Inpatient Services – Authorization and Data Requirements, Community Mental Health Services – Authorization

Procedure:

1. Admission/Denial – When a CCRSN Care Manager finds that medical necessity criteria for admission to inpatient psychiatric treatment does not exist and denies payment for that service, the following process shall occur:

    a) **Expedited Review:** If a denial is issued, the requesting clinician can request to speak to the CCRSN Medical Director for expedited review, this review should occur within 24hours of the face to face evaluation and request for authorization. Should the Medical Director find medical necessity criteria and agree to payment authorization he will contact the RSN Care Manager who completes authorization forms and forwards them to the CCRSN Hospital Liaison for follow up. If the original decision for denial is upheld following review by the CCRSN Medical Director, he will contact the RSN Care Manager who issues a denial of authorization and forwards it to the Hospital Liaison for tracking.

    b) Should the hospital choose to admit the consumer, the hospital may then submit the entire medical record following the consumer's discharge to the RSN for **Retrospective Review** within 14 days of discharge. The chart will be reviewed by the RSN care manager/Medical

Director, and should additional information contained in the record lead to payment authorization, the assigned Care Manager will inform the necessary individuals and complete the appropriate RSN documentation which is forwarded to the Hospital Liaison for follow up.

c) Should the **Retrospective Review** by the RSN care manager/Medical Director not find for medical necessity, a letter will be sent to the hospital with a copy to the consumer. The letter will state the reason for denial of payment authorization, the effective date of denial, and the Clark County PIHP appeal process available to the consumer, hospital, or treating professionals.

2. **APPEALS:** Upon receipt of the formal letter of *Denial*, the hospital has 60 days to request an Appeal of this decision. The hospital must request an *Appeal* in a letter which provides documentation and/or additional information as to why the *Denial* should be overturned. This information along with the inpatient chart will be forwarded to a psychiatrist outside the RSN for review and will be completed within 14 days of the RSN receiving the formal *Appeal Request.* Should this psychiatrist find that medical necessity criteria for admission did exist, the assigned Care Manager will fill out authorization documentation and forward to the Hospital Liaison for follow up. If the original *Denial* of payment authorization is upheld, the assigned Care Manager will send a letter of *Denial of Appeal* to the requesting hospital which outlines the reasons that the request has been denied.

3. The in-patient provider may file an appeal with the Washington Mental Health Division if a disputed authorization decision by CCRSN is not resolved.

Approved By: _____ Date: 1-1-05

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